

KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

**P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296, Ext. 227**

CHANGE THE NAME OF A PROPRIETARY SCHOOL

This application **must** be typed or printed legibly and completed in its entirety. The completed application must be submitted to the State Board at least 30 days prior to the effective date of the change. The application fee of \$100 paid by check or money order made payable to the **Kentucky State Treasurer** must be submitted with this application. **DO NOT SEND CASH.**

INSTITUTION INFORMATION (as appears on current license) **Date:** _____

Official name of institution: _____

Address of institution: _____

Administrative contact person name, e-mail Address, telephone and FAX number:

Name and address of owner(s):

Name, address, and phone number of new name to appear on record (include any change in administrative contact person information listed above):

Reason for name change request: _____

Is it understood that any change in the school program must first be approved by the Kentucky State Board for Proprietary Education? Yes ___ No ___

CERTIFICATION

I certify that the foregoing information is true and correct to the best of my ability and belief.

Signature of School Official

Title

Date

Signature of Notary Public

State of: _____

County of: _____

Signed and sworn before me on this ____ day of _____, 20__.

My Commission Expires: _____ Affix notary seal here: